



Toni Preckwinkle
President

Cook County Board of Commissioners

COOK COUNTY

Bureau of Economic Development

Community Development Block Grant Program

2013 Program Year

Public Service Project Application

Applicant Agency

Applicant's Name and Title
(Chief Executive Officer, Executive Director)

Toni Preckwinkle, President
Cook County Board of Commissioners

Cook County Department of Planning and Development
69 West Washington, Suite 2900
Chicago, Illinois 60602

María Choca Urban, Director

January 2013



2013 Community Development Block Grant Program Application

APPLICATION CHECKLIST

The following attachments are required and **must** be submitted as part of this application. Please place a check mark next to each item.

- ☐ All required sections of the application are complete.
- ☐ Project map (see page 5)

Non-Profit Agency (Form samples are attached.)

- ☐ Resolution and Certification of Resolution – (See Forms A-1 and A-2)
- ☐ Estimated Matching Funds Certification - Form B
- ☐ List of Board of Directors
- ☐ Copy of 501(c)3
- ☐ Current Certificate of Good Standing (dated within the last 45 days)
- ☐ Certified Copy of Articles of Incorporation and Certified Copy of Amended Articles of Incorporation, if amended, **from the Illinois Secretary of State**. The certification must be dated **within 45 days** of the date of submission of the Application. This must be ordered every year.
- ☐ Audited Financial Statements (most current)

Please return completed applications to the following:

Cook County Department of Planning and Development
Attn: Ms. Sonia Brown
69 West Washington Street, Suite 2900
Chicago, IL 60602

The deadline for submitting all applications is: FRIDAY, MARCH 8, 2013, 4:00PM
(Applications received after this date and time will not be accepted.)



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APPLICANT INFORMATION SHEET

Applicant Name: _____

Executive Director / Chief Executive Officer Name: _____

E-mail Address: _____

Project Manager Name & Title: _____

E-mail Address: _____

Telephone: _____ *Fax:* _____

Applicant Website Address: _____

Total Amount Requested: \$ _____

Total Matching Funds, if
applicable: \$ _____

Matching funds, though not required for CDBG, are encouraged and will be looked upon favorably during application review.

*The signature below must be from the person authorized in the resolution supporting the application.

Signature

Date

Title



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APPLICANT INFORMATION SHEET CONT'D

2013 PROGRAM YEAR - October 1, 2013 through September 30, 2014

Please complete pages 1 through 17 for each project, as applicable.

Applicant Address: _____

City: _____ Illinois Zip Code: _____

County Commissioner District #: _____

Project Title: _____

Is this project consistent with Cook
County's 2010-2014 Consolidated Plan? If
no, **"STOP"**.

☐ Yes

☐ No

Is this public service project new or an
increase in an existing activity? If no,
"STOP".

☐ Yes

☐ No

Is your agency a faith-based entity?

☐ Yes

☐ No

Activity Category: *(Check One)*

____ *Planning Study

____ Public Services

*If Planning Study is selected, you may skip the national objective question on the next page.

If you are interested in applying for an economic development activity, please use the Capital Improvement / Economic Development application.



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National Objective: (Check One)

CDBG requires that each activity funded, except for program administration and planning activities, must meet one of the CDBG national objectives. An activity that does not meet a national objective is not compliant with CDBG requirements and is therefore ineligible for funding. Applicants are strongly encouraged to consult the application guide for more detailed information.

☐ **Benefit to low- and moderate income (LMI) persons**

1. **Area Benefit Activities** benefit all residents in a particular area, where at least **49.2%** of the people are low- and moderate-income. The service area of the project must be specifically identified and the area must be primarily residential (see page #17 of the application guide for details).
2. **Limited clientele activities** benefit low- and moderate-income persons without regard to the area being served. At least **51%** of the persons participating in the activity must be low- and moderate-income and the activity must meet one of the following criteria (see the application guide for details):
 - **Presumption of low- and moderate-income:** the activity serves persons who are presumed to be low- and moderate-income: abused children; battered spouses; elderly persons; severely-disabled adults; homeless persons; illiterate adults; persons living with AIDS and migrant workers; or
 - **Income Guidelines:** the activity must have eligibility requirements which limit the activity exclusively to low- and moderate-income persons, or income must be documented.
3. **Housing activities** that are undertaken for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by at least 51% low- and moderate-income households.
4. **Job creation or retention activities** designed to create or retain permanent jobs, at least 51% of which (computed on a full-time equivalent basis) will be made available to or held by low- and moderate-income persons.

☐ **Aid in the prevention or elimination of slums or blight**

Prevent or eliminate slum and blight on an area basis, or eliminate specific conditions of blight or physical decay on a spot basis that are not located in a slum or blighted area.

Does this project meet a National Objective and/or other eligibility requirements, as noted in HUD's 24 CFR Part 570.201 regulations? (Please refer to the 2013 CDBG Application Guide for details.) If no, **"STOP"**.

☐ Yes

☐ No



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SUMMARY PROJECT DESCRIPTION

DUNS Number (*Required For Funding*): _____

FEIN Number: _____ CFDA Number: **14.218**

For the questions below, please attach additional pages if needed when providing your answers.

Describe the designated Service Area and beneficiaries (must serve suburban Cook County):

(Provide a map that defines the service area.)

Exact Location/Project Address: _____

Summary of Project: _____

Specific Anticipated Accomplishments: (Please describe the beneficiaries to be served by the _____
CDBG funding or CDBG-funded positions.)



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Specific Outcome Indicators

Anticipated Number of Persons to be Assisted

(Please provide a projection for the number of persons to be served)

With NEW access to service or benefit

With IMPROVED access to service or benefit

CAPACITY AND INNOVATION

PREVIOUSLY FUNDED APPLICANTS:

Does your agency have any CDBG project balances?

☐ Yes ☐ No

If so, please explain why the project(s) currently have balances and the planned steps to expend remaining funds. Please specify expected deadlines for expending the remaining funds.

Does your agency have any outstanding
CDBG performance reports?

☐ Yes ☐ No

If so, please identify the project(s) via project number(s) and explain why the project(s) currently have outstanding performance reports. Cook County maintains reporting records and will be verifying this information. Outstanding performance reports can be submitted with the application, or preferably prior to submission of the application.



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CAPACITY AND INNOVATION (CONT'D)

PREVIOUSLY FUNDED APPLICANTS:

Under your most recent CDBG project, did you meet your projections for the anticipated number of persons to be assisted? If not, please explain any variance between your projection and actual performance.

NEW AND PREVIOUSLY FUNDED APPLICANTS:

Has your agency previously initiated similar projects (whether with CDBG or other funding)?

☐ Yes ☐ No

If so, please describe the public service project(s) previously completed and the outcome(s).

Please describe how your agency will leverage other funds, public or private, over the long-term to support similar projects and reduce reliance upon Cook County CDBG funding.



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CAPACITY AND INNOVATION (CONT'D)

Interjurisdictional Regional Collaboration

Does your agency's proposed project offer or support a plan for regional collaboration?

☐ Yes

☐ No

Please describe how your agency's efforts are related to interjurisdictional regional collaboration.

Innovative (Creative) Nature of Proposal

Does your agency's proposed project include innovative aspects?

☐ Yes

☐ No

If yes, please describe the creative elements of your proposal?



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PROJECT ELIGIBILITY

Please see the Application Guide for more information on eligibility.

A. AREA BENEFIT: *(if applicable)*

Total Number of low and moderate-income persons served in area:

Census Tract	Block Group	% Low/Mod Income

(Please see the 2013 CDBG Application Guide for appropriate website links.)

B. LIMITED CLIENTELE BENEFIT: *(if applicable)*

1. Presumed Benefit

Qualifying group _____

Number of persons served _____

2. Low- and Moderate-Income Persons* Served

Moderate-income (61-80% of AMI) _____

Low-income (51-60% of AMI) _____

- OR - Very Low (31-50% of AMI) _____

Extremely Low (<30% of AMI) _____

Total Served (add above lines) _____

Number of Female-Headed
Households _____

*How will income be verified? Check below:

- ☐ Income Verification Request Forms *(Attach a sample of the form you will use.)*
- ☐ Eligibility Status for other Governmental Assistance program
- ☐ Self Certification *(You must request source documentation for 20% of certifications and must inform the beneficiary that all sources of income and assets must be included when calculating annual income)*



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PROJECT COMPLETION SCHEDULE

Please provide a detailed timeline outlining specific plans for completing this project within the program year (10/1/13 – 9/30/14), including but not limited to social service activities, program outreach, case management, housing counseling, the scope of a planning study, and your completion schedule.

October 2013
November
December
January 2014
February
March
April
May
June
July
August
September (Project Completion, if not earlier)



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PROPOSED PROJECT BUDGET

STAFF SALARIES (5 Person Limit)

Position	(A) Annual Salary	(B) % of time spent on project	(A) multiplied by B)	Salary CDBG Portion	Project Match (In-Kind)
			Salary allocated for project		
TOTAL SALARIES					

Please note: Fringe benefits are no longer applicable.



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PROPOSED PROJECT BUDGET (CONT'D)

LINE ITEM BUDGET

<i>Project Activity</i>	CDBG Funds	Matching Funds	TOTAL
Public Services			
Plans and Studies			
Total Project Activity			

<i>Project Delivery</i>	CDBG Funds	Matching Funds	TOTAL
Staff Salaries			
Office Rent and Utilities			
Postage			
Printing			
Publication/Notices			
Project Travel @ \$0.565 per mile			
Other:			
Total Project Delivery			
Grand Total (Project Activity + Project Delivery)			



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APPLICATION RESOLUTION AND CERTIFICATION

Instructions

A sample of the authorizing resolution is included in this application. The person signing the application must be the same person authorized by the resolution.

The resolution must be adopted by your governing body and a **certified** copy submitted with the application. A sample form for certification by non-municipal agencies is included.

An agency seal should be included on both the resolution and the certification. If an agency does not have a seal, please indicate that on the forms.



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FORM A-1: SAMPLE RESOLUTION Not-for-Profit Organization/Non-Municipal Agency

NOW, THEREFORE BE IT RESOLVED by the Board of Directors of (insert agency name) as follows:

Section 1. That a Request is hereby made to the County of Cook, Illinois for Community Development Block Grant ("CDBG") funds for Program Year 2013 in the amount of \$_____ for the following project(s):

Project: _____ Amount: \$ _____

as identified in agency's CDBG 2013 Program Year application.

Section 2. That the (insert position title of person signing the application) is hereby authorized to sign the application and various forms contained therein, make all required submissions and do all things necessary to complete the application for the funds requested in Section 1 of this Resolution, a copy of which application is on file with the Secretary.

-- Optional --

Section 3. That the (insert position title of person signing the matching funds certification) is hereby authorized to certify that matching funds which have been identified as supporting its projects as set out within its application will be made available upon the approval of the projects by the County of Cook, Illinois or the prorated share thereof.

Dated this _____ day of _____ 2013

By: _____
Print Name – Chairman/President Signature - Chairman/President

Attest: _____
Print Name – Board Secretary Signature – Board Secretary

{SEAL}



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FORM A-2: SAMPLE CERTIFICATION Not-for-Profit Organization/Non-Municipal Agency

The undersigned Duly Qualified and Acting Secretary of the Board of Directors of (insert agency name) hereby certifies that the attached Resolution authorizing execution of the Application for the County of Cook, Illinois' 2013 Community Development Block Grant ("CDBG") Program Year is a true and correct copy of said Resolution as passed by the Board of Directors of (insert agency name) on (insert Board meeting date) which Resolution is still in full force and effect.

Dated this _____ day of _____ 2013

Attest: _____
Print Name – Board Secretary Signature – Board Secretary

{SEAL}



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FORM B: ESTIMATED MATCHING FUNDS CERTIFICATION

Matching funds are defined as any local, county, state, federal (other than CDBG) or private funds used in conjunction with CDBG funds to implement or construct a proposed project. This form must be filled out to document matching funds entered on the project budget (page 12).

In the event that the proposed project is funded at a lesser amount than requested, the matching funds will be reduced in the same proportion. For example, if you request \$100,000 with a \$30,000 (30%) match, and actually receive \$50,000 in block grant funds, your required match will be \$15,000 (30% x \$50,000).

Subrecipients are urged to use matching funds whenever possible

1. Project Type

2. Amount of Matching Funds to Assist Project

3. Source(s) of Matching Funds to Assist Project

4. Timetable of Availability of Matching Funds

5. Designated Use of Matching Funds

The authorized official of the applicant must certify the availability of the above matching funds by signing in the designated area below. The agency's seal is also required, if available. If there is no seal, please note that below.

Dated this _____ day of _____ 2013

By: _____
Print Name – Chairman/President

Signature - Chairman/President

Attest: _____
Print Name – Board Secretary

Signature – Board Secretary

{SEAL}



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AUDITED FINANCIAL STATEMENTS
(Attach most current.)